

COMPLAINT [REDACTED]

YOUR PERSONAL INFORMATION

Complaint ID : [REDACTED]

Name : [REDACTED]

Sex : MALE

Race : WHITE

Age : 45

Address : [REDACTED]

Your contact information

Best time to contact : 10:00 AM

Primary Contact Phone Number : [REDACTED]

E-mail Address : [REDACTED]

Your injury information

Were you injured in this incident? YES

I WAS BIKING AND HIT BY A CAR AT THE DIVERSEY DAMEN INTERSECTION. I WAS THROWN OFF MY BIKE AND WENT TO THE

Please describe the injury : ER FOR ANKLE INJURY/KNEE ABRASION.

Did you need medical attention? YES

Hospital/Medical Center : OUR LADY OF RESURRECTION MEDICAL CENTER

Please describe the medical treatment : X-RAYS, ER VISIT

INFORMATION ABOUT THE INCIDENT

Description of the incident :

BIKING WEST ON DIVERSEY THROUGH A GREEN LGT I WAS STRUCK BY A CAR TURNING ONTO DAMEN/CLYBOURN. I WAS THROWN OFF MY MY BIKE INTO THE BUSY INTERSECTION. IL MOTORIST REPORT R.D. NUMBER [REDACTED] THE DRIVER WAS PALACIOS, WILLIAM A. DOB [REDACTED] AND PLATE IL470253, DRIVER LIC P42242193206. I HAD AN ANKLE INJURY AND KNEE PAIN AND WENT TO THE ER AT OUR LADY OLR. AT THE SCENE THE DRIVER TOLD OFC HERNANDEZ (13067) HE DID NOT HIT ME. I IMMEDIATELY ASKED A WITNESS AT THE SCENE [REDACTED] TO PROVIDE HIS ACCOUNT. [REDACTED], THE WITNESS, TOLD THE OFFICER I WAS HIT AND THE DRIVER WAS ON HIS CELL PHONE. OFC HERNANDEZ REFUSED TO TAKE DOWN ANY WITNESS STATEMENT EVEN THOUGH I SPECIFICALLY ASKED HIM TO TAKE A STATEMENT FROM WITNESS. OFC HERNANDEZ TOLD ME "THAT I WAS MAKING A MOUNTAIN OUT OF A MOLE HILL". I TOLD THE OFFICER THAT MY ANKLE AND KNEE WERE INJURED. AS FAR AS I KNOW THE OFFICER DID NOT ISSUE THE DRIVER ANY TICKET. REMEMBER THE DRIVER TURNED INTO ME AND THERE WAS A WITNESS WHO SAID HE WAS ON HIS CELL PHONE. THE OFFICER HANDED ME THE REPORT AND I ASKED IF EVERYTHING WAS FILLED OUT AND THE OFFICER SAID YES. WHEN I REVIEWED THE REPORT LATER, THERE WAS NO LICENSE PLATE #, INSURANCE NAME, OR POLICY #. I PHONED THE BELMONT STATION AND ASKED TO HAVE THE OFFICER PROVIDE ME WITH THIS INFO. THE OFFICER NEVER RETURNED MY PHONE CALL. I THEN PHONED THE DRIVER [REDACTED] WHO TOLD ME THAT HE JUST GAVE IT TO THE OFFICER (OVER THE PHONE) AND THE DRIVER REFUSED TO GIVE ME INSURANCE INFO. WHEN OFC HERNANDEZ DID NOT RETURN MY CALL, I ASKED TO SPEAK WITH THE SARGEANT. SGT MANTO FROM THE BELMONT STATION PROVIDED ME THE INFO. I PHONED THE DRIVER'S INSUR. COMP. AND WAS TOLD THE POLICY EXPIRED AUG 2011. THE DRIVER WAS UNINSURED. I PHONED THE DRIVER AGAIN AND

ASKED FOR VALID INSUR INFO AND HE SAID OFFICER HERNANDEZ TOLD HIM NOT TO SPEAK WITH ME. I FELT THAT OFC HERNANDEZ TOOK SIDES IN THIS MATTER DESPITE A WITNESS AND HE DID NOT DO HIS JOB.

Location of the incident

Street Number : [REDACTED] Direction : N Street Name : [REDACTED] Apt No. :
Building Name : NEAR CLYBOURN MARKET Floor : Unit :
Location Description : DIVERSEY, CLYBOURN, DAMEEN INTERSECTION. IN FRONT OF CLYBOURN MARKET.

Incident Date and Time

Date : 02/03/2012

Time : 08:00 AM

Evidence

Video Evidence : NO

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS**Police officer #1**

Last Name : HERNANDEZ #13067 First Name : Star No.. : 13067
Rank : Assigned Unit : On Duty : NO
Sex : Race : WHITE HISPANIC
Officer Description : OFFICER HERNANDEZ #13067.
Police Vehicle Beat Number : 1913 Vehicle Number : License Plate :
Vehicle Description : SUV. ONLY ONE OFFICER RESPONDED TO THE SCENE OF THE BIKE ACCIDENT.

INFORMATION ABOUT VICTIMS AND WITNESSES**Victim #1 personal information**

Last Name : [REDACTED] First Name : [REDACTED] Sex : MALE
Race : WHITE Age : 45 Contact: [REDACTED]

Victim #1 injury information

Was the victim injured in this incident?: YES

Please describe the injury : ANKLE INJURY AND KNEE PAIN. ER VISIT TO OUR LADY OF THE RESURRECTION MEDICAL CENTER

Did the victim need medical attention? YES

Hospital/Medical Center : OUR LADY OF RESURRECTION MEDICAL CENTER

Please describe the medical treatment : X-RAYS FOR ANKLE INJURY. KNEE ABRASION.

Witness #2 personal information

Last Name : [REDACTED] First Name : [REDACTED] Sex : MALE
Race : BLACK Age : Contact: [REDACTED]

Witness #2 injury information

Was the witness injured in this incident? NO

Please describe the injury :

Did the witness need medical attention? NO

Please describe the medical treatment:

Hospital/Medical Center :